


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Sarah,

After much thought I have decided to officially tender my resignation with Carolina Partners in Mental HealthCare. This decision has been made over an extended period of time, through the ups and downs I have dealt with with being the Office Manager at Bush Street, and through multiple conversations with my partner. This email will serve as my two weeks notice with my final day being Thursday, June 20, 2019.

I feel that it is unfortunate that things have to be this way as you are an excellent supervisor and the reasons I will be departing do not pertain to the administrative issues from an OM/Front Desk stand point. I was extremely excited when I was hired by CPMH to be able to work in the field of mental health and be of assistance to a sector of our local society that is often forgotten about. Redacted


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Redacted The two reasons that I have stayed on as long as I have are because I care about the patients we provide treatment for and I care about my coworkers. I know that CPMH is a large organization with a lot of moving parts; however, I have been shocked and deeply saddened to see the way in which many of the medication management providers are allowed to treat their administrative staff as well as their patients.

I have been present in meetings with upper management where the administrative staff have expressed their concerns over exorbitant billing/coding practices, lack of provider respect of patients time (constantly running late for appointments), and the delays experienced when patients request things such as prescription refills, disability paperwork, and returned calls from their providers. Upper management has stated that the complaints have been heard and are being addressed; however, the only thing we have seen effectively change is the provider request off policy. We were specifically asked in the Staff Improvement Conference meeting on March 30th to provide



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Conference meeting on March 30th to provide real time feedback on when these events were occurring with providers and began to do so as soon as the following Monday. I cannot speak for other staff members but I can say that I personally ceased to pass along this information after not receiving any feedback on whether to continue doing so or not. I did not receive any acknowledgement from Abby about my initial emails until June 4th - two months later. I do not understand how upper management can say that administrative staff is being heard and that we are valued when we are continued to be treated as if our input makes no effect on decision making and providers are able to continue to work without having any accountability for their actions, or lack there of.

Roughly half of the medication management providers that I have worked with do not seem to understand the role, or amount of work, of an IOA or OM and treat us more as personal assistants than colleagues. While providers requesting days off in an impromptu fashion has been addressed, many other situations remain that are also frustrating for administrative staff. Provider 309 is the source of the majority of mine (and other administrative staff) heightened



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Provider 309 is the source of the majority of mine (and other administrative staff) heightened frustrations. She is rude to staff, does not treat her patients in a timely manner which causes issues with patients at the front (see patient 115158 for recent example), and is overall not responsible. Please note tasks sent by this provider to me in the charts 133811 and 85100. When providers communicate outside the lines of AMD with their patients (through texts and emails) there is no accountability for what is being said to these patients. We, as the administrative staff, cannot be held responsible for not knowing things that are handled in a manner in which we cannot access the information. Providers do not return tasks to administrative staff in a timely manner so that we may address patients concerns, then the providers become upset when we are forced to go above them to accomplish their tasks. Some providers will schedule follow ups with their new patients or IHR (based on their charge slips presented at the end of the appointment) and then turn around and task office staff saying the patient needs to see someone else within the practice - provider 373 is most guilty of this. This creates more unnecessary work for the administrative staff while also frustrating the



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administrative staff while also frustrating the patients. There seems to be such a large disconnect between the respect shown to the providers and to that shown to the administrative staff.

There are definitely some providers that are absolutely outstanding with their patients - 22, 106, 216, and 372 off the top of my head. While I realize that no two people are alike it is incredibly difficult to watch some individuals treat their patients, their profession, and their coworkers so poorly.

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While I realize that no two people are alike it is incredibly difficult to watch some individuals treat their patients, their profession, and their coworkers so poorly.

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Thank you for allowing me time to work with the company and to learn and grow.

Redacted

Office Manager (Raleigh Location)
Carolina Partners in Mental Healthcare, PLLC
Ph: Redacted Cell: Redacted
F: Redacted

